

PTO/SB/01A (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)****Title of Invention** TRAINING SIMULATOR AND METHOD OF CONSTRUCTING SAME

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
☐ Application No. _____, filed on _____,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may j opardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)Inventor one: Mark Robert REEVE-FOWKESSignature: Citizen of: U.K.Inventor two: Laurence Charles NORMANSignature: Citizen of: U.K.Inventor three: Stephen Paul TAYLORSignature: Citizen of: U.K.

Inventor four: _____

Signature: _____

Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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FULL NAME OF INVENTOR(S)

Inventor one: Robert Peter ISON

Signature: 

Citizen of: U.K.

Inventor two: Christopher Bernard CONLON

Signature: 

Citizen of: U.K.

Inventor three: Douglas Brian HOWELL

Signature: 

Citizen of: U.K.

Inventor four: David Philip ALLEN

Signature: 

Citizen of: U.K.

☒ Additional inventors are being named on 1 additional form(s) attached hereto.

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PTO/SB/81 (02-01)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Robert Peter ISON
Title	TRAINING SIMULATOR AND METHOD OF CONSTRUCTING SAME
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

☒ Practitioners at Customer Number

27160

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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Telephone

202-625-3500

Fax

202-298-7570

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

Name	Robert Peter ISON	Christopher Bernard CONLON	Douglas Brian HOWELL
Signature			
Date	10/10/03	10/10/2003	10.10.03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ Total of 3 forms are submitted.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	KATTEN MUCHIN ZAVIS ROSEMAN				
Address	Suite 700				
Address	1025 Thomas Jefferson Street, N.W. East Lobby				
City	Washington	State	D.C.	Zip	20007-5201
Country	U.S.A.				
Telephone	202-625-3500	Fax	202-298-7570		

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SIGNATURE of Applicant or Assignee of Record

Name	David Philip ALLEN	Mark Robert REEVE-ROWKES	Laurence Charles NORMAN
Signature	<i>D. Allen</i>	<i>M. Reeve-Rowkes</i>	<i>L. Norman</i>
Date	10/10/03	10/10/03	10-10-03

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PTO/SB/81 (02-01)

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Name

Stephen Paul TAYLOR

Signature



Date

10/10/03

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